



City of Auburn
First Time Home Buyer
Down Payment Assistance Program



Program Interest Form

Persons interested in obtaining an application packet for the City of Auburn First Time Home Buyer Down Payment Assistance Program are invited to complete this form and submit it to the address provided below.

Date: _____

Name of Applicant: _____ Age _____ Sex: M ____ F ____

Name of Co-Applicant: _____ Age _____ Sex: M ____ F ____

Mailing address: _____

Telephone: _____

Applicant Race/Ethnicity (For statistical purposes only)

RACE

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native AND Black African/American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |

HISPANIC/LATINO ETHNICITY: ☐ Yes ☐ No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Age of Applicants' children that will live in the home: _____

Ages & relationships of all other persons living in the home: _____

Will there be any persons with a disability living in the home? ☐ Yes ☐ No If yes, how many? _____

Number of people in household? _____

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ _____

Names of Employers for all members of household: _____

Signature of Applicant: _____ Signature of Co-Applicant: _____

City of Auburn 2011 Income Limits
FTHB Down Payment Assistance Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$42,100	\$48,100	\$54,100	\$60,100	\$64,950	\$69,750	\$74,550	\$79,350

For complete application packet fax, mail or bring form in person to:

City of Auburn; Community Development Department; 1225 Lincoln Way; Auburn, CA 95603

Phone: (530) 823-4211 ext 135 Fax: (530) 885-5508

----- For office use only -----

Date Application mailed: _____

If not qualified - Reason: _____